AHPC-1304-COPC-01

Scope of the Speech-Language Therapy Qualifying Examinations

Examination format: Two 3-hour written papers. Two 20-minute viva examinations.

Both written and viva exams must be passed in one (1) sitting to obtain an overall pass for the Qualifying Examination.

To pass, candidates are required to demonstrate evidence of theoretical knowledge and clinical reasoning expected of a new graduate at entry-level to the profession, across all clinical areas assessed.

Written Paper A: Communication and Swallowing Impairment in Adults (3 hours)

i. Three detailed case studies of adults with swallowing, language, and speech problems accompanied by a series of questions on assessment, intervention and management procedures. The case studies may be a mix of routine and complex cases. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence (75%).

ii. Short answer questions on assessment and treatment of adult voice disorders (10%).

iii. Short answer questions on anatomy and physiology (15%).

Written Paper B: Communication and Swallowing Impairment in Children (3 hours)

i. Three detailed case studies of children with swallowing, language, and speech problems accompanied by a series of questions on assessment, intervention and management procedures. The case studies may be a mix of routine and complex cases. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence (75%).

ii. Short answer questions on assessment and treatment of child fluency disorders (10%).

iii. Short answer questions on grammatical analysis, phonetic transcription and interpretation (15%).

The written papers will be held on two separate days.

Viva Examinations: Adults (20 minutes) and Children (20 minutes)

Two viva examinations will be held in sequence on the same day. These will test the candidate's ability to demonstrate entry-level competency to assess and diagnose communication and/or swallowing impairment in children and adults, to plan short-term and long-term intervention goals, to provide feedback and information counselling and make appropriate referrals in managing the relatively complex cases presented.

The primary profiles of impairment assessed in the 2 cases presented will be:
Adult viva: speech, language and swallowing impairment
Child viva: speech and language impairment

Format for the Viva Examinations

Candidates will be required to wait in a holding room until their scheduled interview time.

The candidate reviews the summary case-history information provided (5 minutes preparation).

This is then followed by an interview with 2 examiners with content area expertise (15 minutes).

The candidate will be asked to identify and discuss from the case information provided:

i. Key gaps in assessment information
ii. Further assessment required
iii. Diagnosis
iv. Appropriate short and long-term intervention goals
v. Management issues

The candidate is required to demonstrate a minimum of entry-level clinical reasoning and professionalism, communication and lifelong learning skills. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence.

Recommended Reading List

Language

Chapey, R. (Ed.). (2008). *Language intervention strategies in aphasia and related neurogenic communication disorders (5th ed.).* Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

Deterding, D. (2007). *Singapore English.* Edinburgh University Press.

Paul, R. (2006). *Language Disorders from Infancy through Adolescence: Assessment and Intervention (3rd ed.).* St Louis: Mosby.

Speech

Bowen, C. (2009). *Children's Speech Sound Disorders.* Wiley Press.

Dodd, B. (Ed.). (2005). *Differential Diagnosis and Treatment of Children with Speech Disorder (2nd ed.)*. Whurr.

Duffy, J. R. (2005). *Motor speech disorders: substrates, differential diagnosis, and management (2nd ed.).* St. Louis: Elsevier Mosby.

Williams, A. L., McLeod, S., & McCauley, R. J. (Eds.) (2010). *Interventions for speech sound disorders in children*. Baltimore, MA: Paul H. Brookes Publishing.

Feeding and Swallowing

Daniels, S. K. & Huckabee, M.L. (2008). *Dysphagia Following Stroke*. San Diego Plural Publishing.
Evans Morris, S. & Dunn Klein, M. (2000). *Pre-feeding skills: a comprehensive resource for mealtime development (2nd ed.).* TSB/Harcourt.

Swigert, N. (1998). *The Source for Pediatric Dysphagia.* Illinois: LinguiSystems

Winstock, A. (2005). *Eating and Drinking Difficulties in Children: A Guide for Practitioners.* Speechmark.

Child Fluency

Guitar, B. (2006). *Stuttering: an integrated approach to its nature and treatment (3rd Ed).* Baltimore: Lippincott Williams & Wilkins.

Onslow, M. & Packman, A. (Eds.). (1999). *The handbook of early stuttering intervention.*
San Diego: Singular Pub. Group

Adult Voice

Colton, R. H., Casper, J. K., & Leonard, R. (2011). *Understanding voice problems: A physiological perspective for diagnosis and treatment. (4th ed.).* Baltimore, MD; Philadelphia, PA: Lippincott Williams & Wilkins.

Rammage L., Morrison, M., & Nichol, H. (2001). *Management of voice and its disorders (2nd ed.).*
Thomson Learning.

Anatomy and Physiology

Seikel, J. A., King, D. & Drumright, D. (2010). *Anatomy and Physiology for Speech, Language and Hearing. (4th ed.).* San Diego: Singular Publishing Group.

Linguistics and phonetics

Alsagoff, L. (2009). *A visual grammar of English (2nd ed.).* Singapore: Pearson Longman.

Cruz-Ferreira, M. & Abraham, S. A. (2006). *The Language of Language: Core concepts in linguistic analysis (3rd ed.).* Singapore: Prentice Hall/Pearson Education Asia.

Ladefoged, P, Johnson,K. (2010). *A Course in Phonetics. (6th ed).* Boston: Cengage Learning.

Others

Field, A. P. (2009). *Discovering statistics using SPSS (3rd ed.).* London: SAGE.

Reilly, S., Douglas, J., & Oates, J. (Eds.). (2004). *Evidence Based Practice in Speech Pathology.* London: Whurr

World Health Organisation. (2007). *International Classification of Functioning, Disability and Health (ICF).*